

|                                                                                                            |                        |                 |
|------------------------------------------------------------------------------------------------------------|------------------------|-----------------|
| <b>TRANSMITTAL<br/>FORM</b><br><br><small>(to be used for all correspondence after initial filing)</small> | Application Number     | 09/244,792      |
|                                                                                                            | Filing Date            | 02/05/1999      |
|                                                                                                            | First Named Inventor   | Iacono, Aldo T. |
|                                                                                                            | Art Unit               | 1617            |
|                                                                                                            | Examiner Name          | Wang, Shengjun  |
| Total Number of Pages in This Submission                                                                   | Attorney Docket Number | 072396.0162     |

| ENCLOSURES <small>(Check all that apply)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><br><input type="checkbox"/> Fee Attached<br><br><input checked="" type="checkbox"/> Amendment/Reply<br><input checked="" type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Reply to Missing Parts/<br><input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____<br><br><input type="checkbox"/> Landscape Table on CD<br><br><div style="border: 1px solid black; padding: 2px; width: fit-content;">Remarks</div> | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify<br>below):<br>Exhibit A; Exhibit B; and Request for<br>Continued Examination (RCE) Transmittal |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                    |                 |
|--------------------------------------------|--------------------|-----------------|
| Firm Name                                  | Baker Botts L.L.P. |                 |
| Signature                                  |                    |                 |
| Printed name                               | Lisa D. Tyner      |                 |
| Date                                       | 10/30/07           | Reg. No. 51,619 |

| CERTIFICATE OF TRANSMISSION/MAILING                                                                                                                                                                                                                                                                           |  |      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: |  |      |
| Signature                                                                                                                                                                                                                                                                                                     |  |      |
| Typed or printed name                                                                                                                                                                                                                                                                                         |  | Date |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

# FEE TRANSMITTAL for FY 2007

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 810

## Complete if Known

|                      |                 |
|----------------------|-----------------|
| Application Number   | 09/244,792      |
| Filing Date          | 02/05/1999      |
| First Named Inventor | Iacono, Aldo T. |
| Examiner Name        | Wang, Shengjiun |
| Art Unit             | 1617            |
| Attorney Docket No.  | 072396.0162     |

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

|                        |                    |
|------------------------|--------------------|
| Deposit Account Number | 02-4377            |
| Deposit Account Name   | Baker Botts L.L.P. |

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments  
☒ Charge any additional fee(s) or any underpayment of fee(s)  
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### Extra Claim Fees

|                    | Extra Claims         | Fee | Fee Paid |
|--------------------|----------------------|-----|----------|
| Total Claims       | <input type="text"/> | 50  | \$0      |
| Independent Claims | <input type="text"/> | 210 | \$0      |
| Multiple Dependent | <input type="text"/> |     | \$0      |

SUBTOTAL \$0

| Fee Description                       | Large Entity | Small Entity |
|---------------------------------------|--------------|--------------|
| Claims in excess of 20                | 50           | 25           |
| Independent claims in excess of 3     | 210          | 105          |
| Multiple dependent claim, if not paid | 370          | 185          |

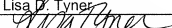
## FEE CALCULATION (continued)

### ADDITIONAL FEES

|                                                                             |                      |
|-----------------------------------------------------------------------------|----------------------|
| <input type="checkbox"/> Surcharge - late oath or filing fee                | <input type="text"/> |
| <input type="checkbox"/> Non-English Specification                          | <input type="text"/> |
| <input type="checkbox"/> Extension for reply within first month             | <input type="text"/> |
| <input type="checkbox"/> Extension for reply within second month            | <input type="text"/> |
| <input type="checkbox"/> Extension for reply within third month             | <input type="text"/> |
| <input type="checkbox"/> Extension for reply within fourth month            | <input type="text"/> |
| <input type="checkbox"/> Extension for reply within fifth month             | <input type="text"/> |
| <input type="checkbox"/> Notice of Appeal                                   | <input type="text"/> |
| <input type="checkbox"/> Filing a brief in support of an appeal             | <input type="text"/> |
| <input type="checkbox"/> Petition to revive - unavoidable                   | <input type="text"/> |
| <input type="checkbox"/> Petition to revive - unintentional                 | <input type="text"/> |
| <input type="checkbox"/> Utility Issue Fee                                  | <input type="text"/> |
| <input type="checkbox"/> Design Issue Fee                                   | <input type="text"/> |
| <input type="checkbox"/> Publication Fee                                    | <input type="text"/> |
| <input type="checkbox"/> Petitions to the Commissioner                      | <input type="text"/> |
| <input checked="" type="checkbox"/> Request for Continued Examination (RCE) | \$810                |
| <input type="checkbox"/> Information Disclosure Statement (IDS)             | <input type="text"/> |
| Other fee -                                                                 | <input type="text"/> |

SUBTOTAL (\$) \$810

## SUBMITTED BY

|                   |                                                                                     |                                   |          |           |              |
|-------------------|-------------------------------------------------------------------------------------|-----------------------------------|----------|-----------|--------------|
| Name (Print/Type) | Lisa D. Tyner                                                                       | Registration No. (Attorney/Agent) | 51,619   | Telephone | 212-408-2500 |
| Signature         |  | Date                              | 10/30/07 |           |              |

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.

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